

# UNITED STATES SENATE PUBLIC FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report:	Senate Office / Agency in Which Employed
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone No. (Include Area Code)	Termination Report Termination Date (Mo., Day, Yr.):	Prior Office / Agency in Which Employed

## AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

<p>Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, Complete and Attach PART I.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$260 from one source)? If yes, Complete and Attach PART VI.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If yes, Complete and Attach PART II.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, Complete and Attach PART VII.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Did you, your spouse, or dependent child receive unearned or investment income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, Complete and Attach PART IIIA and/or IIIB.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, Complete and Attach PART VIII.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If yes, Complete and Attach PART IV.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Do you have any reportable agreement or arrangement with an outside entity? If yes, Complete and Attach PART IX.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$260 and not otherwise exempt)? If yes, Complete and Attach PART V.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>If this is your FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, Complete and attach Part X.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>

**File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, D.C. 20510. \$200 Penalty for filing more than 30 days after due date.**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, and 18 U.S.C. 1001.)

**For Official Use Only - Do Not Write Below This Line**

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
<p><i>I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.</i></p>		
<b>For Official Use Only - Do Not Write Below This Line</b>		
<p><i>It is the opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.</i></p>	Signature of Reviewing Official	Date (Month, Day, Year)

**PART I. PAYMENTS TO CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA**

Report the source (name and address), date, and amount of any payment from each source to a charitable organization made in lieu of honoraria to you during the reporting period. Identify the activity (speech, article, or appearance) which generated the payment. For further information, see Instructions.

**Note:** Travel expenses in excess of \$260 related to activities giving rise to these payments must be reported in Part VI, Reimbursements.

Date of Payment		Name of Source	Address (City, State)	Speech, Article, or Appearance	Amount
Example:	3/26/0X	Association of American Associations	Wash., D.C.	Speech	\$1,000
	7/23/0X	XYZ Magazine	NY, NY	Article	\$500
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**A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.**

Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse (see page 3, Part B of the Instructions). Do not report income from employment by the U.S. Government for you or your spouse.

**Individuals not covered by the Honoraria Ban:**  
 For you and/or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

Name of Income Source		Address (City, State)	Type of Income	Amount
Example:	JP Computers MCI (Spouse)	EXAMPLE Wash., D.C. Arlington, VA	EXAMPLE Salary Salary	\$15,000 Over \$1,000
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**PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

BLOCK A

**Identity of Publicly Traded Assets and Unearned Income Sources**

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child (see page 3, Part B of the Instructions), for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or  
 (2) generated over \$200 in "unearned" income during the reporting period.

Include on this Part IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

S, DC or J  
**Example:** IBM Corp. (stock) NYSE  
 Keystone Equity Fund (widely diversified)

BLOCK B

**Valuation of Assets**

At close of reporting period.  
 If none, or less than \$1,001, check the 1st column.

None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
		x									
			x								

BLOCK C

**Type and Amount of Income**

If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Type of Income								Amount of Income											
Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other <i>(Specify Type)</i>	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
x								x											
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**EXEMPTION TEST (see instructions before marking box):** If you omitted any asset because it meets the three-part test for exemption described in the Instructions, please check here. ☐

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.



**PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

## BLOCK A

**Identity of Non-Publicly Traded Assets  
and  
Unearned Income Sources**

Report the name, address (city, state), and description of each interest held by you, your spouse, or your dependent child (see page 3, Part B of the Instructions) for the production of income or investment in a non-public trade or business which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
- (2) generated over \$200 in income during the reporting period.

Include the above report for each underlying asset which is not incidental to the trade or business. Publicly traded assets held by a non-public entity may be listed on Part IIIA.

## BLOCK B

**Valuation of Assets**

At close of reporting period.  
If none, or less than \$1,001,  
check the 1st column.

## BLOCK C

**Type and Amount of Income**

If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

		BLOCK B								BLOCK C																						
		Valuation of Assets								Type of Income				Amount of Income																		
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	None (or less than \$201)	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount		
S, DC or J	Example:			x						x									x													
	JP Computers, Wash., D.C. (Computer Sales)																															
	Undeveloped land in Dubuque, Iowa																															
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**EXEMPTION TEST (see instructions before marking box):** If you omitted any asset because it meets the three-part test for exemption described in the Instructions, please check here. ☐

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.



## PART IV. TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child (see page 3, Part B of the Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

S DC or J	Identification of Assets		Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)												
			Purchase	Sale	Exchange		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000		
	Example:	IBM Corp. (stock) NYSE	EXAMPLE	x			2/1/0X	x											
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**EXEMPTION TEST (see instructions before marking box):** If you omitted any transaction because it meets the three-part test for exemption described in the Instructions, please check here. ☐

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

## PART V. GIFTS

Report the source, brief description and value of all gifts aggregating more than \$260 in value received by you, your spouse, or your dependent child (see page 3, Part B of the Instructions), from each source. Gifts with a value of \$100 or less need not be aggregated towards the disclosure threshold. "Gift" is defined in the Instructions.

**Exclude:** (1) Bequests and other forms of inheritance; (2) Political campaign contributions; (3) Communications to your offices including subscriptions to newspapers and periodicals; (4) Consumable products provided by home state businesses to your offices, if those products are intended for consumption by persons other than yourself; (5) Gifts received prior to your Federal employment; (6) Gifts to your spouse or dependent child totally independent of his or her relationship to you; (7) Gifts from relatives; (8) Personal hospitality of any individual (see Instructions); (9) Meals and beverages unless consumed in connection with a gift of overnight lodging; and (10) Food, lodging, transportation, and entertainment provided by a foreign government within a foreign country, or by federal, state, D.C., or local governments.

Name of Source		Address of Source	Dates and Brief Description	Value of gift
<b>Example:</b>	Mr. John Q. Smith	<b>EXAMPLE</b> Anytown, VA	<b>EXAMPLE</b> August 12, 200X, Silver platter—Ethics Committee waiver granted	<b>EXAMPLE</b> \$400
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**Note:** Most gifts in excess of \$49.99 are prohibited by the Senate Gifts Rule.

## PART VI. REIMBURSEMENTS

Report necessary travel related expenses from each source aggregating more than \$260 in value during the reporting period received by you, your spouse and/or dependent child in connection with your provision of services at a speaking engagement, fact-finding event, or other event (personal, campaign, or otherwise). Disclosure is required regardless of whether those expenses were **reimbursed** to the individual or **paid directly** by the sponsoring organization. A description of the itinerary, including date(s) and the nature of expenses is required. If you are reimbursed for more than one trip from the same sponsor (and the trips added together are worth more than \$260), then you must report each trip individually, even if the reimbursement for each separate trip does not equal more than \$260. Report Gifts of travel in Part V.

**Exclude:** Travel related expenses provided by federal, state, D.C., and local governments; or by a foreign government; reimbursements from campaign funds which are reported to the FEC; reimbursements to a spouse or dependent child totally independent of his or her relationship to you; and reimbursements reported to the Office of Public Records pursuant to Senate Rule 35. For further information, see Instructions.

Name of Source		Address of Source	Dates and Brief Description
<b>Example:</b>	All States Company	<b>EXAMPLE</b> Maintown, TX	<b>EXAMPLE</b> Roundtrip air travel from Washington, D.C. to Maintown, TX and lunch for self and spouse for speaking engagement: May 1-3, 200X
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Report liabilities over \$10,000 owed by you, your spouse, or dependent child (see page 3, Part B of the Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. **Exclude:** (1) Mortgages on your personal residences unless rented; (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

Name of Creditor			Address of Creditor	Type of Liability			cash	\$10,000	\$15,000	\$50,000	\$100,000	\$250,000	\$500,000	Over \$1,000,000	\$1,000,000	\$5,000,000	\$25,000,000	Over
S DC or J	Example:	First District Bank	Washington, D.C. EXAMPLE	Mortgage on undeveloped land EXAMPLE	1981	13%	25yrs.			x				EXAMPLE				
		John Jones	Washington, D.C. EXAMPLE	Promissory note EXAMPLE	1989	10%	on demand					x		EXAMPLE				
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**EXEMPTION TEST (see instructions before marking box):** If you omitted any liability because it meets the three-part test for exemption described in the Instructions, please check here. ☐

\*\*\*This category applies only if the obligation was solely that of the spouse or dependent child. If the obligation was the filer's or a joint obligation with the spouse or dependent child, use the other categories, as appropriate

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

**Exclude:** Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address of Organization	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Example:	Nat'l Assn. of Rock Collectors	NY, NY <b>EXAMPLE</b>	Non-profit education <b>EXAMPLE</b>	President <b>EXAMPLE</b>	6/90	Present
	Jones & Smith	Hometown, USA <b>EXAMPLE</b>	Law firm <b>EXAMPLE</b>	Partner <b>EXAMPLE</b>	7/85	11/00
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Compensation in excess of \$200 from any position must be reported in Part II.



# **PART IX. AGREEMENTS OR ARRANGEMENTS**

Report your agreements or arrangements for future employment (including agreements with a publisher for writing a book), leaves of absence, continuation of payment by a former employer (including severance payments), or continuing participation in an employee benefit plan. See Instructions regarding the reporting of negotiations for any of these arrangements or benefits.

**Status and Terms of any Agreement or Arrangement**
**Parties**
**Date**
**Example:**

Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 11/9X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)

Jones & Smith, Hometown, USA

**EXAMPLE**

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**PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE****FIRST TIME FILERS ONLY:**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Name of Source		Address of Source	Brief Description of Duties
Example:	Jones & Smith	<b>EXAMPLE</b> Hometown, TX	<b>EXAMPLE</b> Legal services
	Metro University (client of Jones & Smith)	<b>EXAMPLE</b> Moneytown, USA	<b>EXAMPLE</b> Legal services in connection with university construction
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# CONFIDENTIAL DISCLOSURE OF PAYMENTS TO CHARITABLE ORGANIZATIONS IN LIEU HONORARIA

Last Name	First Name and Middle Initial	Telephone Number (Include Area Code)	
<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <b>ANNUAL FILER</b>	Calendar Year Covered by Annual Report:	Office / Agency in which Employed (or formerly employed)	
<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <b>TERMINATION FILER</b>	Dates Covered by Termination Report:	Office / Agency in which Formerly Employed	Termination Date

**Who Must File:** Any reporting Individual who files an annual or termination public financial disclosure report with the Senate Select Committee on Ethics must also file this confidential report if that individual writes, gives a speech, or makes an appearance (or a series of articles, speeches, or appearances which are directly related to official duties or the status of the individual within the government) for which the sponsoring organization makes a payment directly to a charitable organization in lieu of honoraria. To determine whether you are a reporting individual for purposes of this report, please refer to the instructions for the Senate Public Financial Disclosure Report or contact the U.S. Senate Select Committee on Ethics.

**Where to File:** File this report with the Select Committee on Ethics, Room 220, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. (Please note: This is not the filing location for the public reports.)

**When to File:** Reporting individuals should file this report no later than May 15th, annually. In the event that May 15 or other filing date falls on a weekend, or other holiday, the filing deadline shall be on the next business day. If an individual terminates employment, the report must be filed no later than the 30th day after termination. Reasonable extensions may be granted if requested in writing, but the total of all such extensions may not exceed 90 days. These filing deadlines correspond with the filing dates of the Senate Public Financial Disclosure Report.

**Contents of Reports:** List the date of the payment (or, if unascertainable, the date of the activity giving rise to the payment), the name and address (city, state) of the source of the payment, the name and address (city, state) of the recipient charitable organization, and the amount of the payment. Include all payments which correspond to the reporting period of the annual or termination public financial disclosure form filed in conjunction with this report. Please sign your report certifying that your report is complete and correct, and that no payments were made to charitable organizations from which you or your parent, sibling, spouse, child, or dependent

relative receives any financial benefit. If you attach additional pages, please number them.

**Penalty Provisions:** Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 penalty fee. Waivers of this fee may be granted by the Committee in extraordinary circumstances, if requested in writing. Falsifying or failing to file this report may result in the imposition of a civil and criminal sanctions. (See 2 U.S.C. 701 at seq. and 18 U.S.C. 1001.)

**Review of Reports:** These reports will be reviewed by the Committee along with the corresponding public reports within 60 days of the filing date. These reports will be kept confidential by the Committee in accordance with the Ethics in Government Act of 1978, as amended.

Date	Source of Payment (Name, Address)	Recipient Charitable Organization (Name, Address)	Amount

Certification	Signature of Reporting Individual	Date
<i>I CERTIFY that the statements I have made on this form are true, complete and correct to the best of my knowledge and belief. No financial benefit is derived from any charitable organization listed by me, or a parent, sibling, spouse, child or dependent relative of mine.</i>		